

2024-25 CONCERT SEASON Assessment Form

NAME:									
ADDRESS:									
CITY/STATE/ZI	P:								
EMAIL:									
PHONE(s):	Primary					Texts:	Y	N	
	Secondary					Texts:	Υ	N	
Full-Time Resident?		Part-Time?			Months in FL:				
Student? Y	N	Age	14 or over?	Υ	N				
VOICE PART:	Soprano 1	2	Alto 1	2	Tenor 1	2 <u>l</u>	<u>Bass</u> 1	2	
#2 Feb		tripes: (Celebrating (Great	oliday Extravaga American Songs Danube				
Years of singin	g experience v	vith:							
_				The Venice Chorale					
Check all that	interest you:								
Master Singers				Performing in Outreach Events					
Solo Opportunities				Becoming an Assistant Conductor					
Other instrum	ents or talents	that yo	ou would like	to sh	nare:				
					2024 from 6-9pm Monday in Octo				
SIGNATURE:					DATE:				